

Total Care Physicians, P.A.

Patient's Name Cathy Snyder DOB 12/20/48 Age 58 Follow-Up Patient Progress Note
 Weight 154.8 Height 5'6" Blood Pressure 100/60 Pulse 76 Date OCT 02 2006 Doctor MAZ
 Chief Complaint: Severe headaches Temp 98.3 F

History of Present Illness:

Since Thursday night = HA.
Ex of discharge in neck back.
HA changes all the time. Sometimes from the back of
head, sometimes across forehead. Sometimes behind eye.

Current Medications:

Lipitor
Naproxen
Endocort prn.
Xanax prn.
Also reports stuffy nose & h/o dizziness
Septin

Drug Allergies:

None
Botabacco

Physical Examination:

General ☒ A & O x 3 ☒ No acute distress frontal / max sinus tend.
 Skin ☒ No Pallor; ☒ No Jaundice ☒ No Rashes ☒ No Lesions TM's retracted.
 HEENT ☒ No Scleral Jaundice ☒ TM's Clear ☒ Nares Patent ☒ Pharynx w/o Erythema
 Neck/Carotids ☒ Supple; No Masses ☒ No Adenopathy
 Lungs ☒ Clear to Auscultation B/L ☒ No Wheezing
 Heart ☒ Regular Rhythm ☒ No murmur or Gallup
 Abdomen ☒ Non-Tender ☒ No Masses ☒ No Organomegaly ☒ B S Normoactive
 Extremities ☒ No Edema
 Neuro ☒ CN II-XII Intact ☒ DTR's Equal B/L ☒ Gait Steady ☒ Muscle Strength 5/5 ☒ Negative Romberg
 Musculoskeletal ☒ No Joint Swelling; ☒ No Deformities; ☒ No Spasms; ☒ No Tenderness
 Psychological ☒ No Anxiety or Depression
 GU/Rectal ☒ heme negative

Impression/Diagnosis:

SAR = HA's.

Plan:

Medication(s) Prescribe:

Nasonix 2 sprays/nostril BID.
Claritin D-12 1 BID.

Labs/Diagnostic Test(s) Requested:

Referral(s) Requested:

Counseling: ☒ Diet ☒ Smoking Cessation ☒ Exercise ☒ Safe Sex ☒ ETOH Cessation ☒ Substance Abuse ☒ Seat Belt ☒ Diabetic ☒ Other

Screening/Immunization: ☒ Pap Smear ☒ Colo-Rectal ☒ Mammogram ☒ Cholesterol ☒ Prostate ☒ Tetanus ☒ Pneumococcal ☒ Other

Patient Education: ☒ Medication Administration ☒ Medication Side Effects ☒ Medication Interaction ☒ Other

Return to Office: Monday Tuesday Wednesday Thursday Friday
Weeks Months PRN Other

Practitioner's Signature

TOTAL CARE PHYSICIANS, P.A.

have

☐ Philadelphia Pike Office ☐ Omega Office ☐ Glasgow Office ☐ Pediatric Office

RETURN TO WORK MEDICAL CERTIFICATION

Patient Name: Terry Snyder has been under my care from

10.2.06 to 10.2.06 and is able to return to work on

10.2.06

I certify that this patient is able to resume performing the function of his/her position with or without reasonable accommodation. Necessary accommodation(s) is/are as follow(s):

Dr. R. Goodman/Wechsler

10.2.06

Health Care Provider

Date

I am allowing my health care provider to release to my employer the reason for my absence from work.

Jessie L. Snyder OMEGA PROFESSIONAL CENTER
BUILDING B, SUITE 89
Patient's Signature 10/13/06

OMEGA DRIVE
NEWARK, DE 19713

Wechsler
Diagnosis